

Figure 2

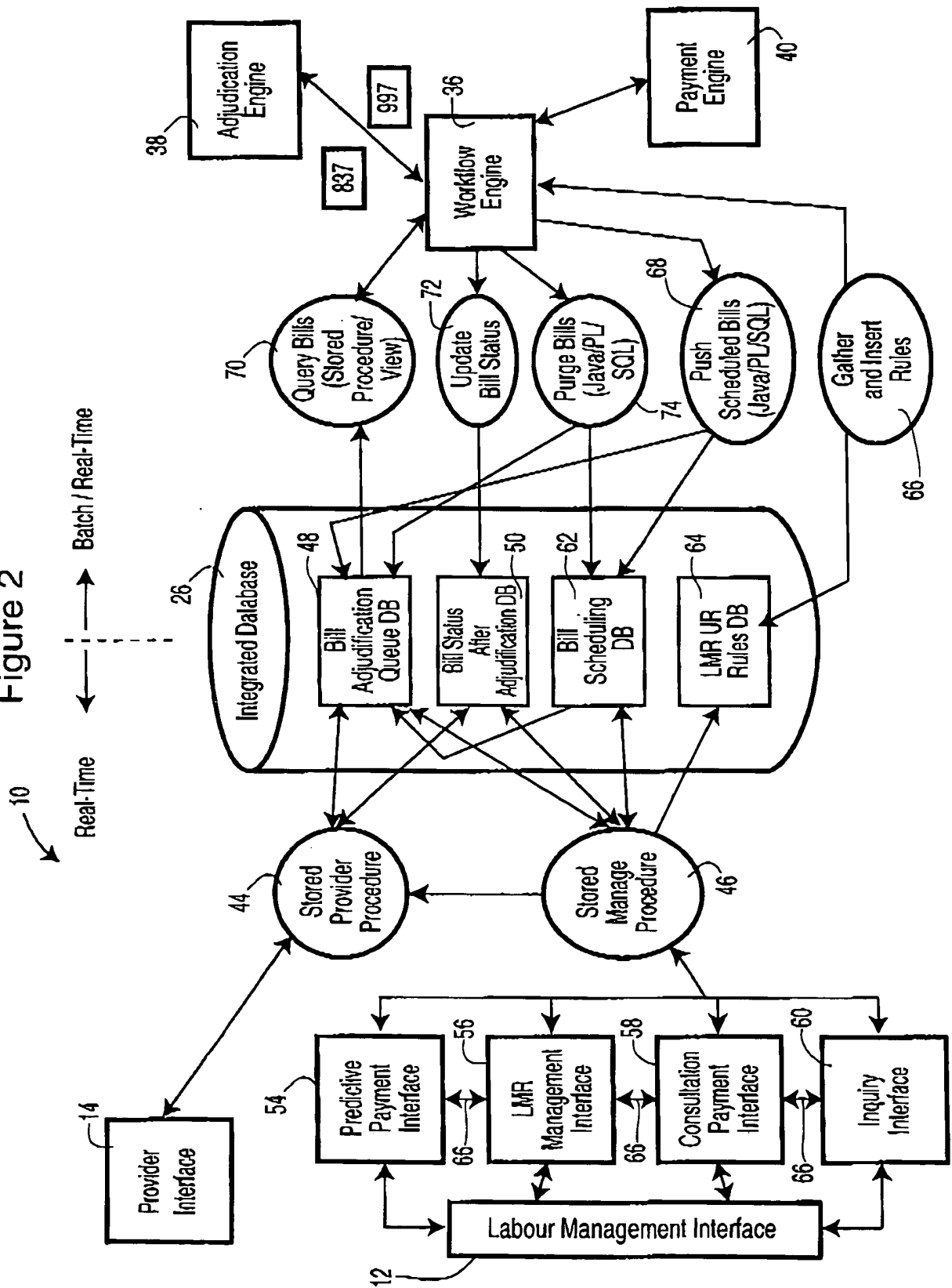


Figure 3

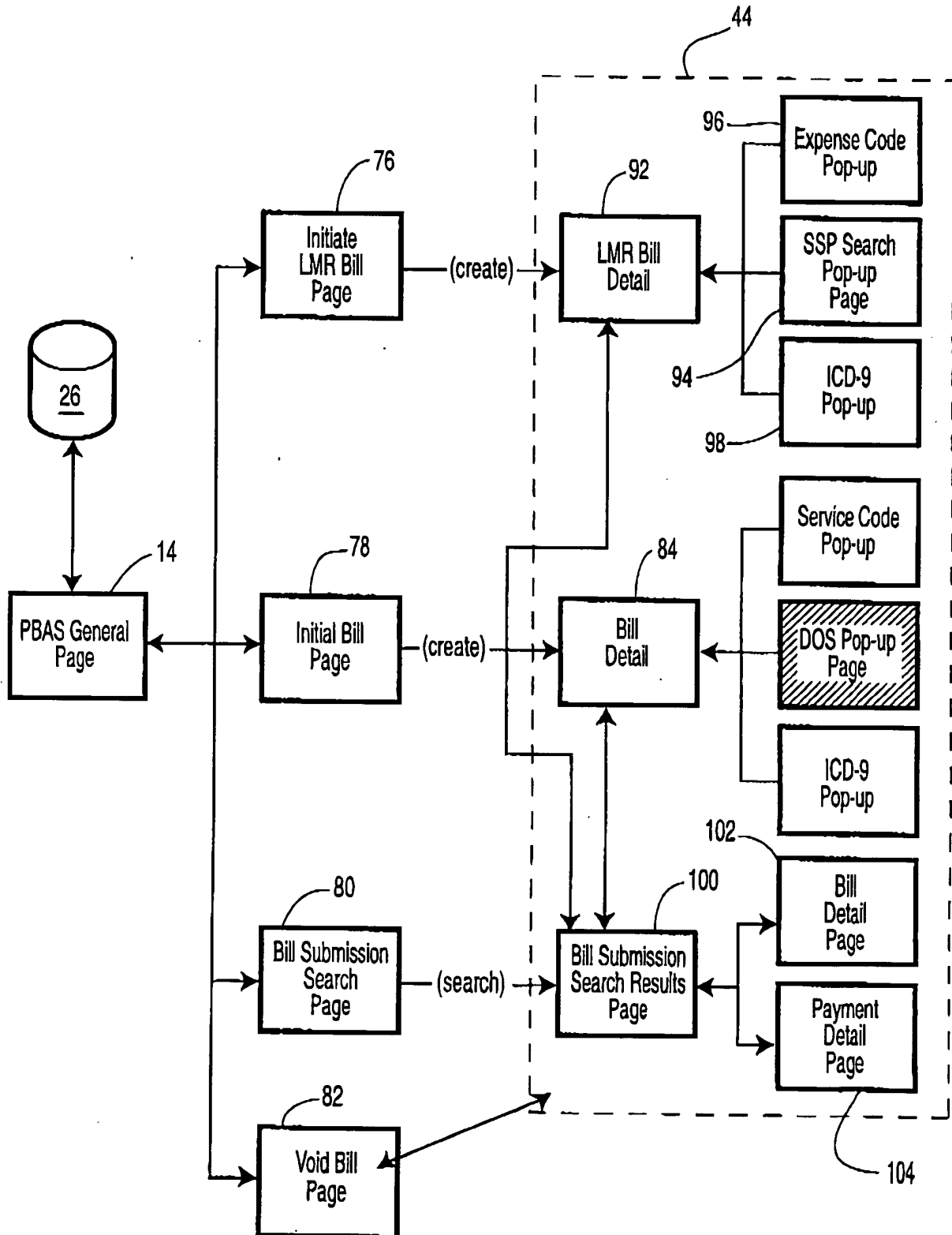


Figure 4

Claim Search - Microsoft Internet Explorer

File Edit View Favorites Tools Help Google »

Links » Address

BILL SUBMISSION CLAIM / PAYMENT INQUIRY

SUBMIT PAYMENT SUBMIT LMR PAYMENT VOID PAYMENT

BCE Emergis

Submit Payment Request For:

Carrier: WSIB

Claim Number:

Date of Birth: (dd / mm / yyyy)

COMPOSE

86

Done My Computer

Figure 5A

BCE Emergis		SUBMIT PAYMENT	VOID PAYMENT	BILL PAYMENT STATUS	BILL SUBMISSION	BILL / PAYMENT INQUIRY		
Provider Information		Health Payment Request Confirmation			Invoice Reference #: 1234 May			
Claim Information:		Provider Number: P111 87 Claim Number: C111 Patient Surname: PS111 89 Patient Given Name: PG111			Date of Birth: 02-May-1902 Date of Accident: 02-May-2002 91			
Bill Line Items								
No.	Service Code	Modifier	ICD-9	Date of Service	POS	Type	Units	Charges
1	SSCode-111	Code:111	Code:111	03/04/2002	Code:111	Health	1	\$ 18.74
2	SSCode-111	Code:111	Code:111	05/04/2002	Code:111	Health	1	\$ 18.74
3	SSCode-111	Code:111	Code:111	07/04/2002	Code:111	Health	1	\$ 18.74
4	SSCode-111	Code:111	Code:111	09/04/2002	Code:111	Health	1	\$ 18.74
5	SSCode-111	Code:111	Code:111	11/04/2002	Code:111	Health	1	\$ 18.74
6	SSCode-111	Code:111	Code:111	13/04/2002	Code:111	Health	1	\$ 18.74
7	SSCode-111	Code:111	Code:111	15/04/2002	Code:111	Health	1	\$ 18.74
8	SSCode-111	Code:111	Code:111	17/04/2002	Code:111	Health	1	\$ 18.74
9	SSCode-111	Code:111	Code:111	19/04/2002	Code:111	Health	1	\$ 18.74
10	SSCode-111	Code:111	Code:111	21/04/2002	Code:111	Health	1	\$ 18.74
11	SSCode-111	Code:111	Code:111	23/04/2002	Code:111	Health	1	\$ 18.74
12	SSCode-111	Code:111	Code:111	25/04/2002	Code:111	Health	1	\$ 18.74
13	SSCode-111	Code:111	Code:111	27/04/2002	Code:111	Health	1	\$ 18.74
14	SSCode-111	Code:111	Code:222	03/05/2002	Code:111	Health	1	\$ 20.00
15	SSCode-111	Code:111	Code:222	05/05/2002	Code:111	Health	1	\$ 20.00
16	SSCode-111	Code:111	Code:222	07/05/2002	Code:111	Health	1	\$ 20.00
17	SSCode-111	Code:111	Code:222	09/05/2002	Code:111	Health	1	\$ 20.00
18	SSCode-111	Code:111	Code:222	11/05/2002	Code:111	Health	1	\$ 20.00
19	SSCode-111	Code:111	Code:222	13/05/2002	Code:111	Health	1	\$ 20.00

Figure 5B

20	SSCode - 111	Code : 111	Code : 222	15 / 05 / 2002	Code : 111	Health	1	\$ 20.00
21	SSCode - 111	Code : 111	Code : 222	17 / 05 / 2002	Code : 111	Health	1	\$ 20.00
22	SSCode - 111	Code : 111	Code : 222	19 / 05 / 2002	Code : 111	Health	1	\$ 20.00
23	SSCode - 111	Code : 111	Code : 222	21 / 05 / 2002	Code : 111	Health	1	\$ 20.00
24	SSCode - 111	Code : 111	Code : 222	23 / 05 / 2002	Code : 111	Health	1	\$ 20.00
25	SSCode - 111	Code : 111	Code : 222	25 / 05 / 2002	Code : 111	Health	1	\$ 20.00
26	SSCode - 111	Code : 111	Code : 222	27 / 05 / 2002	Code : 111	Health	1	\$ 20.00
27	SSCode - 111	Code : 111	Code : 222	29 / 05 / 2002	Code : 111	Health	1	\$ 20.00
28	SSCode - 111	Code : 111	Code : 222	31 / 05 / 2002	Code : 111	Health	1	\$ 20.00
							Total Charges :	\$ 543.62

Submit for Payment

It is an offence to deliberately make false statements to Workplace Safety & Insurance Board.

I hereby certify that the information being submitted is true correct and complete.

SUBMIT EXIT

Figure 6

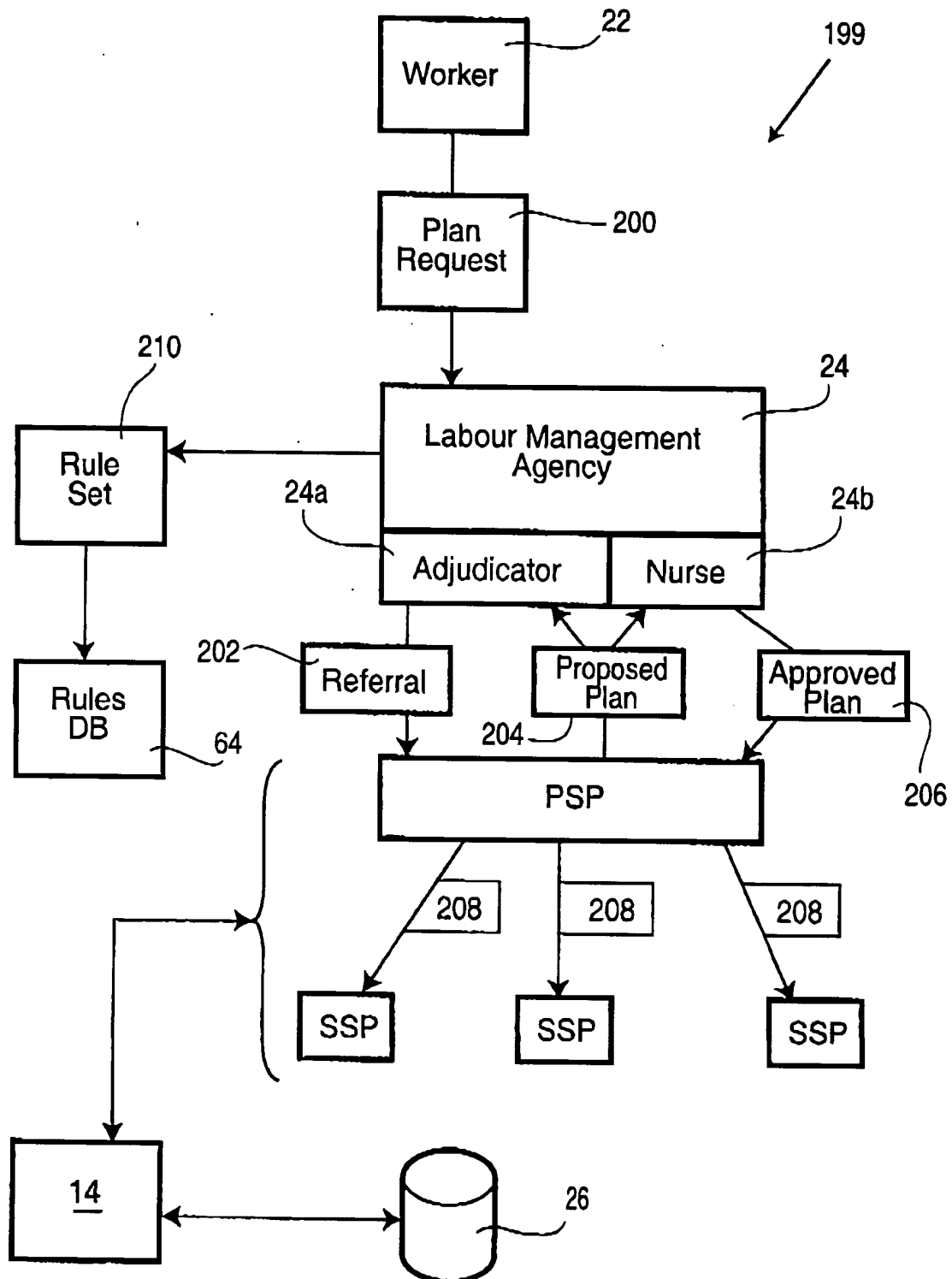


Figure 7

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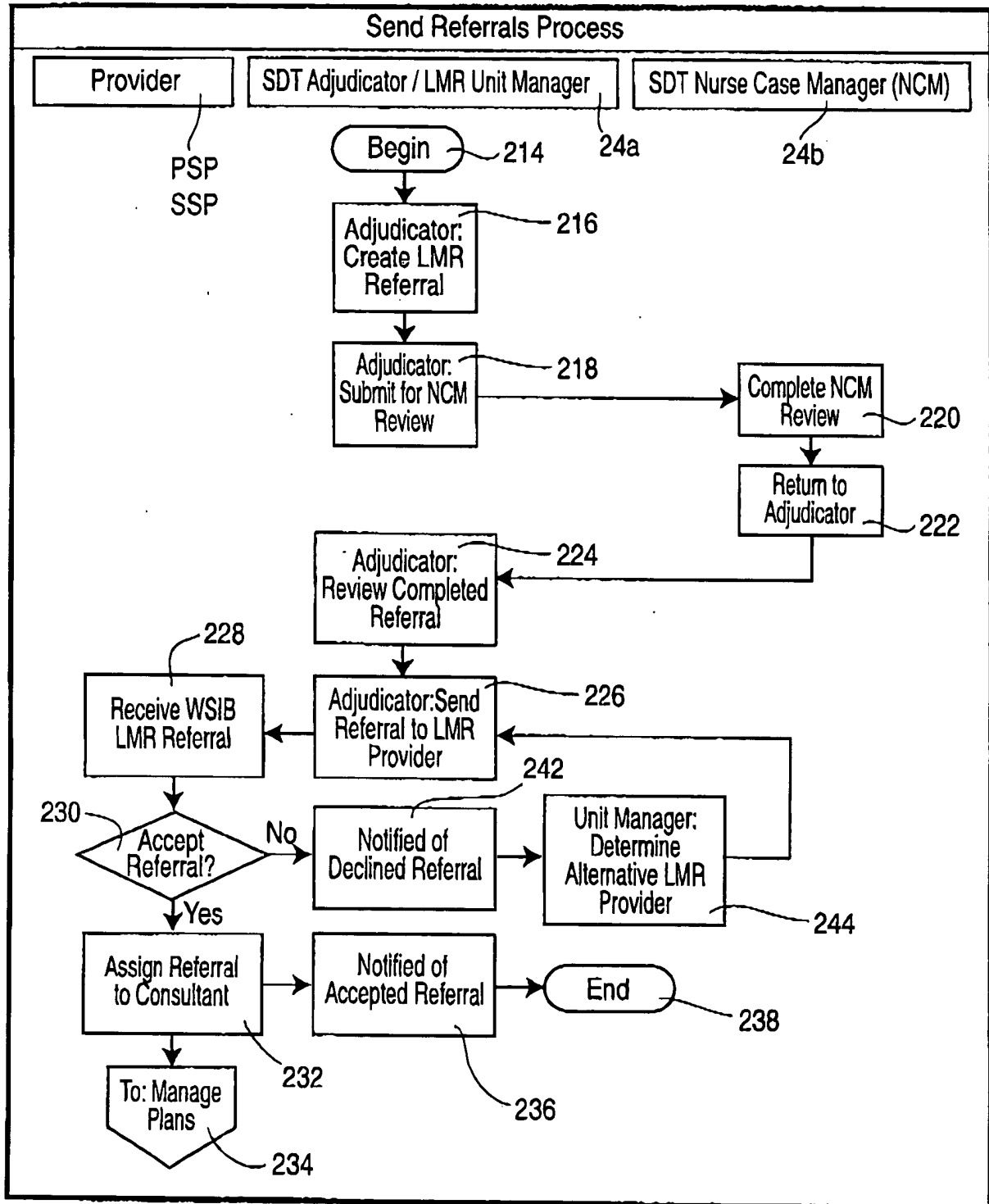


Figure 8

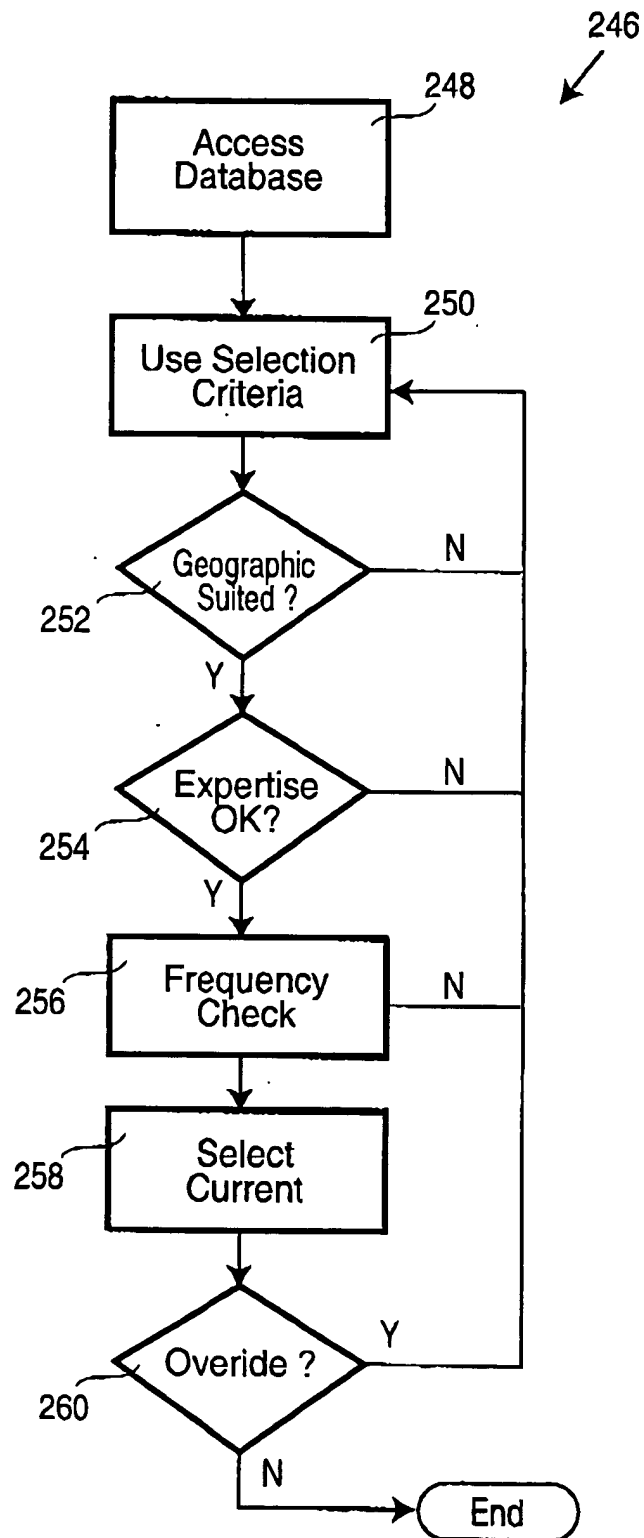


Figure 9

262

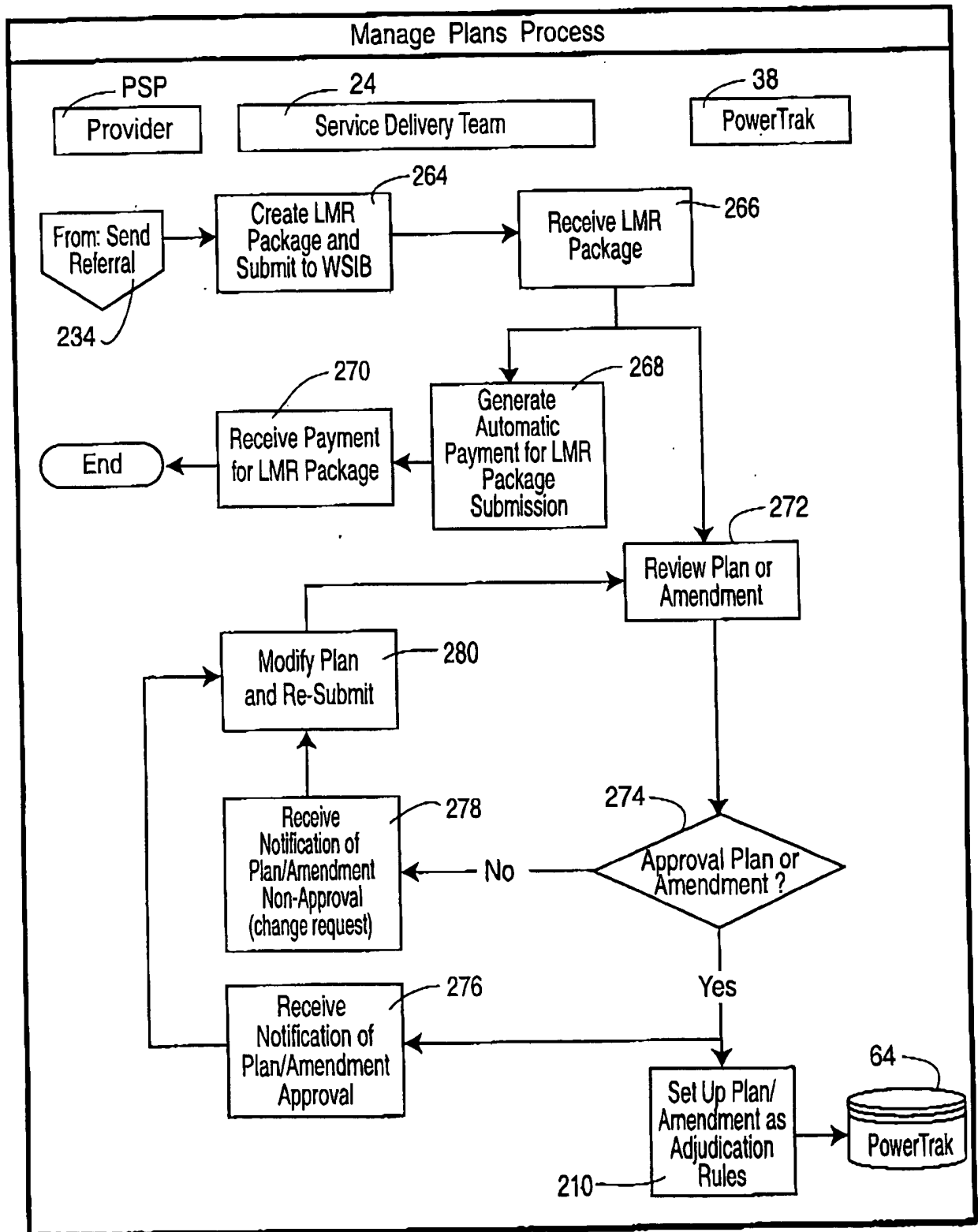


Figure 10

CREATE LMR REFERRAL	RETREIVE LMR REFERRAL	RETREIVE LMR PACKAGE	PBAS HOME	EXCEPTIONS MANAGEMENT	LMR PLAN MANAGEMENT	CLAIM / PAYMENT INQUIRY
WORKER DETAILS			REFERRAL DETAILS			
EMPLOYMENT PROFILE			LMR PROVIDER DETAILS			
<p>Referral ID : 1111</p> <p>Referral Status : Pending</p> <p>Date Sent :</p> <p>Date Accepted :</p>			<p>Claim # : 1045</p> <p>Worker Name (last) : Sing</p> <p>Worker Name (first) : Sarah</p> <p>Date of Accident : 04 / 04 / 2000 (mm / dd / yyyy)</p>			
<p>Address : 77 Sarasota Street</p> <p>City : Sussex</p> <p>Postal Code : S1S 6S6</p>			<p>Telephone : 416-555-1234</p> <p>Gender : Female</p> <p>Date of Birth : 10 / 06 / 1971</p> <p>First Language : English</p> <p>Interpreter : <input type="checkbox"/></p>			
<p>Injury / Diagnosis :</p>			<p>% Permanent Disability : 0</p> <p>% NEL : 5</p>			
<p>If Applicable</p> <p>Worker's Representative : <input type="text"/></p>			<p>Telephone Number : <input type="text"/></p>			
<p>SAVE</p> <p>SUBMIT</p> <p>EXIT</p> <p>PRINT VIEW</p>						

Figure 11

CREATE LMR REFERRAL	RETRIEVE LMR REFERRAL	RETRIEVE LMR PACKAGE	PBAS HOME	EXCEPTIONS MANAGEMENT	LMR PLAN MANAGEMENT	CLAIM / PAYMENT INQUIRY
WORKER DETAILS			REFERRAL DETAILS			
EMPLOYMENT PROFILE			LMR PROVIDER DETAILS			
Referral ID : 1111 Referral Status : Pending Date Sent : Date Accepted :			Claim # : 1045 Worker Name (last) : Sing Worker Name (first) : Sarah Date of Accident : 513			
Pre-Injury NOC : 121 Pre-Injury Job Title : Clerical Supervisor Pre-Injury Hourly Wage : 10 Pre-Injury Hours per Week : 40 Gross Escalated Pre-Accident Earnings :			Employment Type : Full time If 'Other', Specify : Weekly WSIB Benefits : 345 Pre-90 Target Wage :			
Accident Employer : BCE Emergis Telephone : 416-223-4444 Fax : 905-232-1245 Contact Person : Peter Wilson Contact Person Telephone : 416-222-4423 Return to work Negotiations? <input checked="" type="checkbox"/> (With Accident Employer)			Firm : 111 Address : 5090 Explorer Drive City : Mississauga Postal Code : M2J 1K3 WSIB Mediation Services Used ? <input type="checkbox"/>			
<input type="button" value="SAVE"/> <input type="button" value="SUBMIT"/> <input type="button" value="EXIT"/> <input type="button" value="PRINT VIEW"/>						

Figure 12

CREATE LMR REFERRAL RETRIEVE LMR REFERRAL RETRIEVE LMR PACKAGE PBAS HOME EXCEPTIONS MANAGEMENT LMR PLAN MANAGEMENT CLAIM / PAYMENT INQUIRY	
WORKER DETAILS Referral ID : 1111 Referral Status : Pending Date Sent : Date Accepted :	CLAIM # : 1045 Worker Name (last) : Sing Worker Name (first) : Sarah Date of Accident : 04 / 04 / 2000 (mm / dd / yyyy)
EMPLOYMENT PROFILE PHYSICAL PRECAUTIONS REFERRAL DETAILS LMR PROVIDER DETAILS	
Activities / Precautions (Related to Compensable Permanent Impairments). Check all that apply	
Lifting <input type="checkbox"/> Walking <input type="checkbox"/> Gripping <input type="checkbox"/>	Carrying <input checked="" type="checkbox"/> Kneeling <input type="checkbox"/> Psychological <input type="checkbox"/>
Pushing <input type="checkbox"/> Crouching <input type="checkbox"/> Bending <input checked="" type="checkbox"/>	Sitting <input type="checkbox"/> Crawling <input type="checkbox"/> Pulling <input type="checkbox"/>
Reaching : Select one of the values <input type="text"/>	Climbing : Select one of the values <input type="text"/>
Precautions discussed with Worker: <input type="checkbox"/>	Date Discussed: <input type="text"/>
Source of Precautions: <input type="text"/>	
Details of above Precautions:	
Pushing / Pulling - not against resistance; no repetitive movements Handling - no heavy weights (i.e. 10kg+)	
NCM Name : Betty Boo	NCM Desk : <input type="text"/>
Telephone Number : 416-344-2222	
<input type="button" value="SAVE"/> <input type="button" value="SUBMIT"/> <input type="button" value="EXIT"/> <input type="button" value="PRINT VIEW"/>	

Figure 13

CREATE LMR REFERRAL	RETRIEVE LMR REFERRAL	RETRIEVE LMR PACKAGE	PBAS HOME	EXCEPTIONS MANAGEMENT	LMR PLAN MANAGEMENT	CLAIM / PAYMENT INQUIRY
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<p>WORKER DETAILS</p> <p>Referral ID : 1111</p> <p>Referral Status : Pending</p> <p>Date Sent :</p> <p>Date Accepted :</p>	<p>EMPLOYMENT PROFILE</p> <p>Claim # : 1045</p> <p>Worker Name (last) : Sing</p> <p>Worker Name (first) : Sarah</p> <p>Date of Accident : 04 / 04 / 2000 (mm / dd / yyyy)</p>	<p>REFERRAL DETAILS</p> <p>Out of Province : <input type="text" value="Select one of the values"/></p> <p>Prior VR / LMR Services : <input type="checkbox"/></p> <p>Relevant Legislation : Bill 99</p>	<p>LMR PROVIDER DETAILS</p>
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<p>LMR Assessment Required : <input checked="" type="checkbox"/></p> <p>French Services : <input type="checkbox"/></p> <p>Warning : <input type="checkbox"/></p> <p>Referral discussed with worker : <input type="checkbox"/></p>	<p>Additional Details :</p> <p>ESRTW Outcome :</p> <p>-Adj. contacted employer to arrange modified work on 2 Aug 00</p> <p>-A/E unable to accommodate working during preperformances; Advised of LMR referral. A/E understood</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>Adjudicator Information :</p> <p>Name : Mat Rosi</p> <p>Desk ID : MF001</p> <p>Office : Small Business</p>	<p>Telephone : 416-344-1000</p> <p>Sector : Small Business</p>
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Figure 14

CREATE LMR REFERRAL	RETRIEVE LMR REFERRAL	RETRIEVE LMR PACKAGE	PBAS HOME	EXCEPTIONS MANAGEMENT	LMR PLAN MANAGEMENT	CLAIM / PAYMENT INQUIRY
WORKER DETAILS			LMR PROVIDER DETAILS			
EMPLOYMENT PROFILE PHYSICAL PRECAUTIONS REFERRAL DETAILS						
Referral ID : 1112 Referral Status : Pending Date Sent : Date Accepted :			Claim # : 1045 Worker Name (last) : Sing Worker Name (first) : Sarah Date of Accident : 04 / 04 / 2000 (mm / dd / yyyy)			
Name Provider : nrcs Case Manager Name (last) : Case Manager Name (first) :			Case Manager Tel : Fax :			
LMR Package Target Due Date : (30 Days After Referral Acceptance) LMR Package Proposed Due Date : Explanation for Due Date Revision :						
<input type="button" value="EDIT"/> <input type="button" value="SUBMIT"/> <input type="button" value="EXIT"/> <input type="button" value="PRINT VIEW"/>						

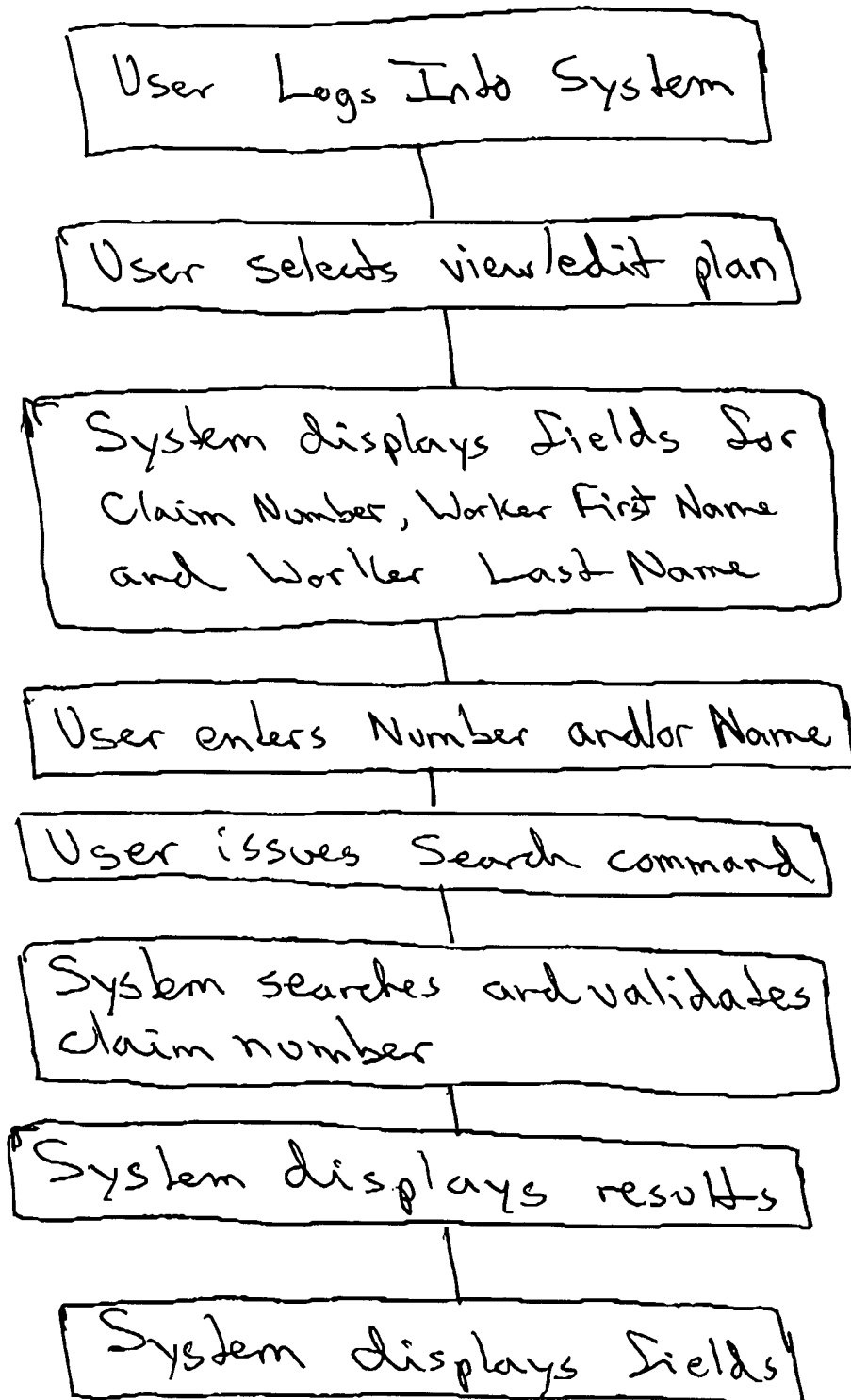


Figure 15

Figure 16

VIEW NOTIFICATIONS		RETRIEVE LMR REFERRAL		RETRIEVE LMR PACKAGE		PBAS HOME		LMR PLAN MANAGEMENT	
PLANHEADER		PLANDETAIL		ASSESSMENT		CEW		VIEW PAYMENTS	
Plan ID : 1112_1 Plan Status : Pending Date Submitted : (mm / dd / yyyy) Date Approved : (mm / dd / yyyy)		Claim # : 1045 Worker Name (last) : Sing Worker Name (first) : Sarah Date of Birth : 06 / 10 / 1971 (mm / dd / yyyy) Date of Accident : 04 / 04 / 2000 (mm / dd / yyyy)							
Provider : nrcs Case Manager (last) : Short Case Manager (last) : Fern		Case Manager Telephone: 905-222-1123 Fax:							
Pre-Injury Noc : 121 Pre-Injury Job Title : Clerical Supervisors Pre-Injury Hourly Wage : \$ 10.00 Pre-Injury Hours per Week : 40.00		Weekly WSIB Benefit Payments : \$ Gross Escalated Pre Accident Earnings : Pre-90 Target Wage : \$							
SEB (NOC) Code : 145 SEB : Library, Correspondent		SEB Hourly Wage : \$ 8.97 SEB Hours per Week : 40							
Plan Start Date : (mm / dd / yyyy) Plan End Date : (mm / dd / yyyy)		Adjudicator Desk : MF001 Total Plan Cost : \$							
<input type="button" value="SAVE"/> <input type="button" value="SUBMIT"/> <input type="button" value="EXIT"/> <input type="button" value="PRINT VIEW"/>									

Figure 17A

PLAN HEADER		VIEW NOTIFICATIONS		RETRIEVE LMR DEFERRAL		RETRIEVE LMR PACKAGE		PBAS HOME		LMR PLAN MANAGEMENT	
PLAN DETAIL		ASSESSMENT		CEW		VIEW PAYMENTS					
Plan Status :		Pending		Claim # :		1045					
Plan Start Date : (mm / dd / yyyy)		23/10/2000		Worker Name (last) :		Sing					
Plan End Date : (mm / dd / yyyy)		13/04/2001		Worker Name (first) :		Sarah					
Total Plan Cost :		\$ 27000.00		Date of Accident :		04 / 04 / 2000					
Plan ID : 1112_2											
No.	Expense	SSP	Amount (\$)	Start Date : (mm / dd / yyyy)	End Date : (mm / dd / yyyy)	Delete					
1	LMR-Provider Travel (x)	nrcs	10800.00	10/23/2000	04/13/2001	<input type="checkbox"/>					
2	LMR-Urban Transit	worker	408.00	10/23/2000	04/13/2001	<input type="checkbox"/>					
3	LMR-Supplies - Educat	worker	300.00	10/23/2000	04/13/2001	<input type="checkbox"/>					
4	LMR-Provider Monitor	nrcs	1620.00	10/23/2000	04/13/2001	<input type="checkbox"/>					
5	LMR-Provider Mileage	nrcs	102.00	10/23/2000	04/13/2001	<input type="checkbox"/>					
6	LMR-Meals (max.per c	worker	270.00	10/23/2000	04/13/2001	<input type="checkbox"/>					
7						<input type="checkbox"/>					
8						<input type="checkbox"/>					
9						<input type="checkbox"/>					
10						<input type="checkbox"/>					

Figure 17B

	11	12	13
Provider Comments :	<div></div>	<div></div>	<div></div>
Adjudication Comments :	<div></div>	<div></div>	<div></div>

Figure 18

VIEW NOTIFICATIONS		RETRIEVE LMR REFERRAL		RETRIEVE LMR PACKAGE		PBAS HOME		LMR PLAN MANAGEMENT	
PLAN HEADER		PLAN DETAIL		ASSESSMENT		CEW		VIEW PAYMENTS	
Plan Status :	Pending	Claim # :	1045						
Plan Start Date : (mm / dd / yyyy)	23/10/2000	Worker Name (last) :	Sing						
Plan End Date : (mm / dd / yyyy)	13/04/2001	Worker Name (first) :	Sarah						
Total Plan Cost :	\$ 27000.00	Date of Accident : (mm / dd / yyyy)	04 / 04 / 2000						
Level of Assessment :		Select one of the values ▼							
Assessment Detail :		<div style="border: 1px solid black; height: 150px; width: 100%;"></div>							
Attachments :		Browse..							
Done		Local Intranet							

Figure 19

VIEW NOTIFICATIONS		RETRIEVE LMR REFERRAL		RETRIEVE LMR PACKAGE		PBAS HOME		LMR PLAN MANAGEMENT	
PLAN HEADER		ASSESSMENT		CEW		VIEW PAYMENTS			
<p>Education / Training : \$ 0</p> <p>Support Services : \$ 0</p> <p>Supplies and Equipment : \$ 600</p> <p>Assessments / Evaluations : \$ 0</p> <p>Provider Related : \$ 25,044</p> <p>Travel Related : \$ 1,356</p> <p>Miscellaneous : \$ 0</p> <p>All Projected LMR Plan Costs : \$ 54,000</p>									
<p>Projected Benefit Costs During LMR Plan : \$ 8,280</p>									
<p>Projected Weekly Benefits : \$ 337.26</p> <p>Projected Yearly Benefits : \$ 17,537.7</p> <p>Years of Projected Benefits After Completion of LMR Plan : 36</p> <p>All Projected LMR Plan Costs : \$ 631,357.04</p>									
<p>GRAND TOTAL : \$ 693,637.04</p> <p>Cost if No LMR : \$ 446,313.17</p>									
EDIT		SUBMIT		EXIT		PRINT VIEW			

Figure 20

VIEW NOTIFICATIONS		RETRIEVE UMR REFERRAL	RETRIEVE UMR PACKAGE	PBAS HOME	LMR PLAN MANAGEMENT
PLAN HEADER		PLAN DETAIL	ASSESSMENT	CEW	VIEW PAYMENTS

No.	Expense	Secondary Service Provider	Amount Approved	Paid Amount
1.	LMR - Provider Travel (x hrs @ \$45/hr)	nrcs	10,800	
2.	LMR - Urban Transit	worker	408	
3.	LMR - Supplies - Educational and/or Training	worker	300	
4.	LMR - Provider Monitoring (x hrs @ \$90/hr)	nrcs	1,620	
5.	LMR - Provider Mileage	nrcs	102	
6.	LMR - Meals (max. per diem rate - \$ 45/day)	worker	270	
Plan Total :			\$ 13,500	0

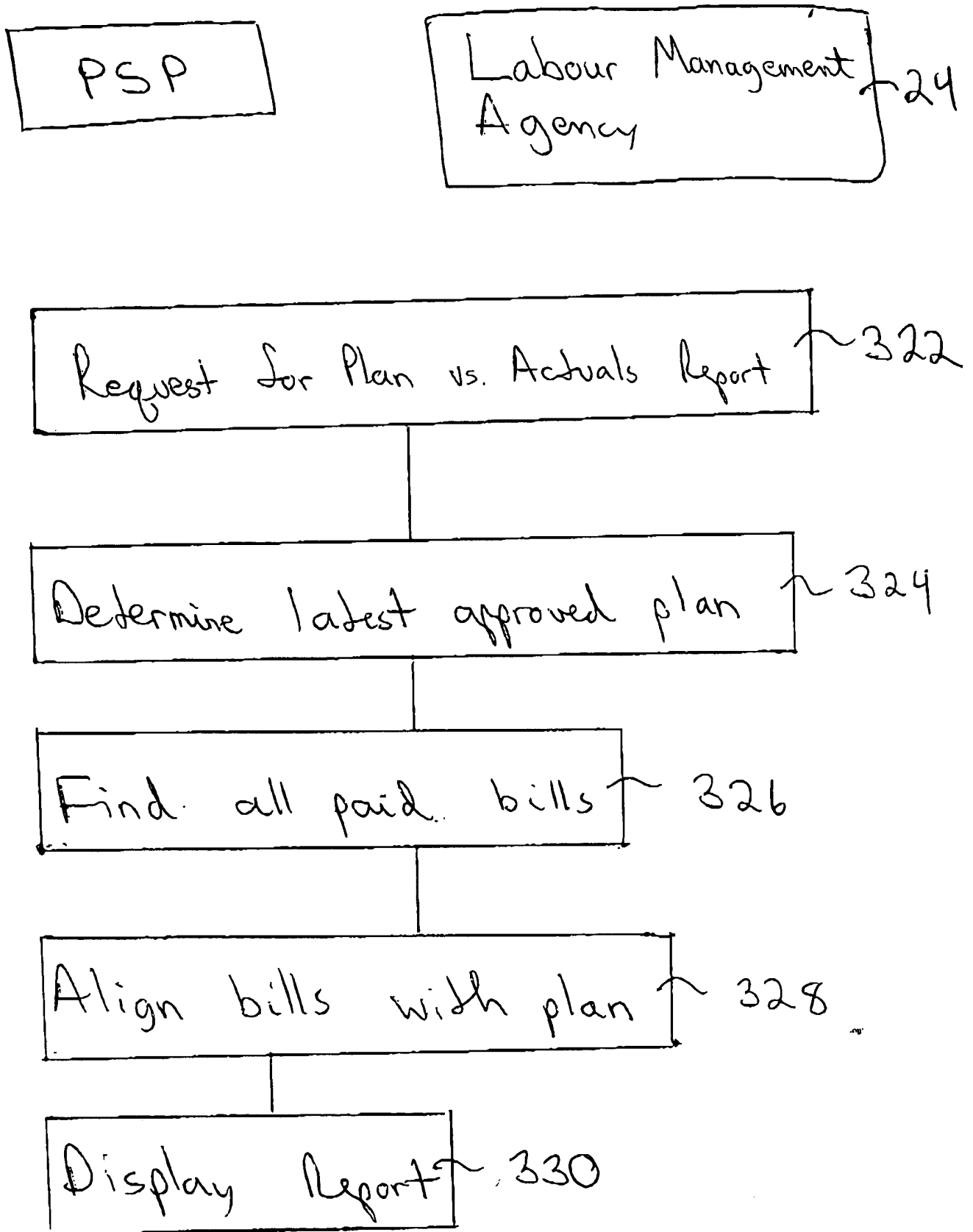


Figure 21

Plan Budget vs Actuals Mock-Up

Worker name Brian Renner		Claims # 12345778		LMR Plan Id 1234354 Version 2 Status approved					
Effective dates: 07/06/2002 to open				Service duration from 01/02/2002 to 06/24/2005					
Case manager: Klaus Hart		Phone: 416-344-2508		Adjudicator: Scott Bajcsy Phone: 416-344-2506					
Primary provider: Northern Lights Location: Barrie				Transferred from: Crawford Location: Windsor Transfer Date: 04/02/2003					
— Service —		Provider		— Effective Date —		Status	Plan	Actuals	Balance
Code Name	Budget	Code Address	Name	Start End (mm/dd/yyyy)					
Assessment									
320 LMR Psycho-Vocational Evaluation		123456779	Crawford Windsor 254 Main St Windsor, ON N5W-1E6	01/02/002				\$1,000.00	
							Subtotal	\$1,000.00	
Base budgets with a cash									
110 LMR - College Tuition and Related		313456789	Georgia College of Applied Arts & Technology 6 Georgia Lane Barrie, ON N4M4G7	01/01/2003-07/07/2005	current	\$8,495.00	50.00	\$8,495.00	
		333456789	Windsor College 20 St Lawrence St Windsor, ON N5W-1C6	01/02/2003-04/02/2005	past	\$9,500.00		\$2,005.00	
Service Total	\$10,500.00			01/02/2003-07/07/2005				\$2,005.00	\$8,495.00
170 LMR - Job Search Training		123456779	Northern Lights 2434 Main St Barrie, ON N5B-1E6	07/06/2005-08/24/2005	future	\$1,600.00	50.00		\$1,600.00
Service Total	\$1,600.00			07/06/2005-08/24/2005				50.00	\$1,600.00
150 LMR - Tutor		777777789	Walker 200 Front St Toronto, ON M5V-3J1	01/02/2002-06/24/2005	current	\$4,600.00		\$392.50	\$3,777.50
		778899001	Tutor/U 57 St Augustine Ave Windsor, ON N5W-1Q7				unallocated	\$100.00	
Service Total	\$4,700.00			01/02/2003-06/24/2005				\$392.50	\$3,777.50

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Figure 22

Plan Budget vs Actuals Mock-Up

Service Code Name	Budget	Provider		Effective Dates		Status	Plan	Actuals	Balance
		Code	Name	Start	End				
		Address		(mm/dd/yyyy)					
200 LMR - Textbooks		311456789	Gargian College of Applied Arts & Technology Bookstore	05/01/2003	07/01/2005	current	\$1,683.72	\$0.00	\$1,683.72
		6 Gargian Lane Bldg, ON B-04-1G		02/02/2004	06/09/2004	future	\$0.00	\$0.00	\$0.00
		499000004	Chaplin						
		50 Power's Lane							
		Bldg, ON B31-4R3							
		313216889 Windsor College Campus		01/02/2003	04/02/2003	past	\$2,190.00	\$0.00	\$2,190.00
		Bookstore, 29 Sycamore St.							
		Windsor, ON N5W-1G6							
		77777789 Worker				unallocated		\$26.00	
		200 Front St.							
		Windsor, ON N6V-3J1							
Service Total	\$2,716.00			01/02/2003	07/01/2005			\$23.00	\$2,183.72
215 LMR-Supplies-desk/desk and/or training		333216889	Windsor College Campus	01/02/2003	04/02/2003	past	\$1,000.00	\$77.57	
		Bookstore, 29 Sycamore St.							
		Windsor, ON N5W-1G6							
		77777789 Worker		09/11/2002	09/11/2002	past	\$26.00	\$25.30	
		200 Front St.							
		Windsor, ON N6V-3J1							
Service Total	\$102.87			01/02/2003	04/02/2003			\$102.87	\$0.00
220 LMR - Computer Hardware		77777789 Worker		09/03/2002	05/27/2003	current	\$1,400.00	\$1,463.95	\$136.05
		200 Front St.							
		Windsor, ON N6V-3J1							
Service Total	\$1,600.00			09/03/2002	05/27/2003			\$1,463.95	\$136.05
240 LMR-Workplace Modification Supplies		77777789 Worker		01/03/2003	05/27/2003	current	\$150.00	\$0.00	\$150.00
		200 Front St.							
		Windsor, ON N6V-3J1							
Service Total	\$150.00			01/03/2003	05/27/2003			\$0.00	\$150.00
400 LMR-Provider monitoring		123456779	Northern Lights	04/03/2003	08/24/2003	current	\$2,005.00	\$0.00	\$2,005.00
		2434 Main St.							
		Bldg, ON B5B-1E6							
		123456779 Crawford Windsor		01/02/2002	04/02/2003	past	\$11,610.00	\$2,915.00	
		254 Main St.							
		Windsor, ON N5W-1E6							
Service Total	\$11,970.00			01/02/2002	08/24/2003			\$2,915.00	\$150.00

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Figure 23

Plan Budget vs Actuals Mock-Up

-- Service --		Provider		-- Effort Dates --		Status	Plan	Actuals	Balance
Code Name	Budget	Code Address	Name	Start End (mm/dd/yyyy)					
520 LMR-Towel Related Urban Transit		77777789	Wolter 200 Front St Toronto, ON M5V3J1	01/02/00 02-04/02/2003	past	\$270.00		\$1,000.00	
Service Total	\$1,000.00			01/02/00 02-04/02/2003				\$1,000.00	\$0.00
999 LMR-Miscellaneous Expense Other		12345 6779	Cowford Windsor 254 Main St Windsor, ON N9W1J5	06/19/2002-04/02/2003	past	\$260.00		\$0.00	
Service Total	\$0.00			06/19/2002-04/02/2003				\$0.00	\$0.00
Subtotal \$M #19.87								\$10,817.00	\$24,402.27
Other payments used									
-- Service --		Provider		-- Service Dates --		Status	Plan	Actuals	Balance
Code Name	Budget	Code Address	Name	Start End (mm/dd/yyyy)					
230 LMR - Industrial Clothing		77777789	Wolter 200 Front St Toronto, ON M5V3J1					\$100.00	
Subtotal								\$100.00	
TOTALS									
Assessment total							Plan	Actuals	Balance
Plan budget with actuals							\$24,419.87	\$1,000.00	\$24,402.27
Other payments used								\$100.00	
Overall Total								\$11,197.00	

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Figure 24

Figure 15

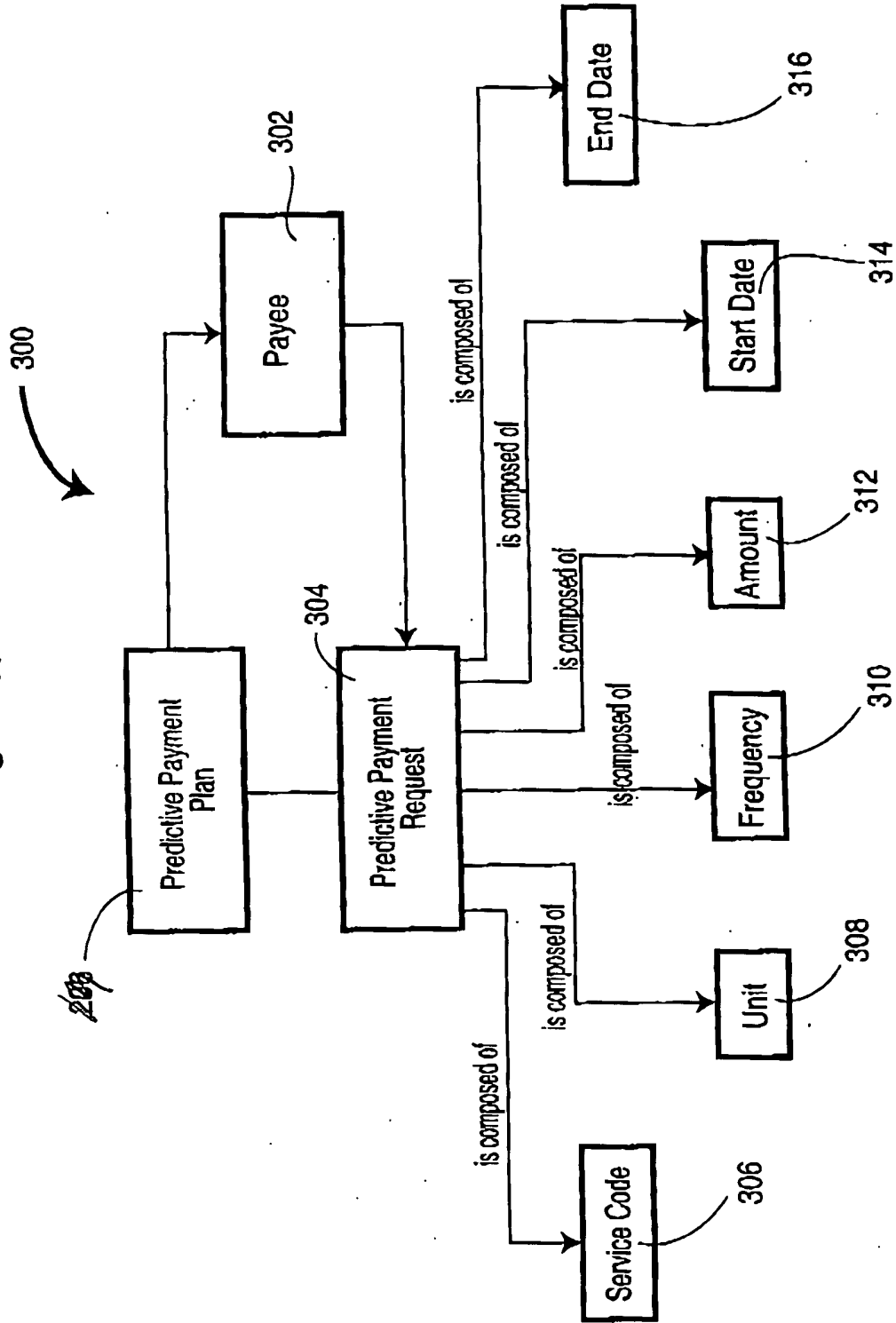


Figure 26

PLAN HEADER		PAYMENT DETAILS		RATIONALE		CREATE PREDICTIVE PLAN		MODIFY PREDICTIVE PLAN		SEARCH PREDICTIVE PLAN	
Status	1. Pending	Service Code	8620-1LA	Freq	Yearly	Units	Amount	Remove			
		Payment Start Date		Payment End Date		Payee	All Payee				
Status	2. Pending	Service Code	8620-1LA	Freq	Yearly	Units	Amount	Remove			
		Payment Start Date		Payment End Date		Payee	All Payee				
Status	3. Pending	Service Code	8620-1LA	Freq	Yearly	Units	Amount	Remove			
		Payment Start Date		Payment End Date		Payee	All Payee				

Done My Computer

Figure 27

